

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10 823660

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| TOTAL CLAIMS                     |  |               |                          |
|----------------------------------|--|---------------|--------------------------|
| FOR                              |  | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          |  | 20 minus 20 = |                          |
| INDEPENDENT CLAIMS               |  | 2 minus 3 =   |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT |  |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | 6/14/05 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---------|---|------|---|--------------------------|
|  |         |   |      |   |                          |
|  |         | Total                                     | • 22 | Minus                                       | • 22 = -                 |
|  |         | Independent                               | • 2  | Minus                                       | • 3 = -                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |         |   |      |   | <input type="checkbox"/> |

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

| RATE      | FEES   | RATE         | FEES   |
|-----------|--------|--------------|--------|
| BASIC FEE | 150.00 | OR BASIC FEE | 300.00 |
| X\$ 25=   |        | OR X\$50=    |        |
| X100=     |        | OR X200=     |        |
| +180=     |        | OR +360=     |        |
| TOTAL     |        | OR TOTAL     |        |

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 25=          |                        | OR X\$50=           |                        |
| X100=            |                        | OR X200=            |                        |
| +180=            |                        | OR +360=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|---|---|--------------------------|
|  |   |   |   |                          |
|  | Total                                     | • | Minus                                       | • =                      |
|  | Independent                               | • | Minus                                       | • =                      |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |   | <input type="checkbox"/> |

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 25=          |                        | OR X\$50=           |                        |
| X100=            |                        | OR X200=            |                        |
| +180=            |                        | OR +360=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|--|---|---|---|--------------------------|
|  |   |   |   |                          |
|  | Total                                     | • | Minus                                       | • =                      |
|  | Independent                               | • | Minus                                       | • =                      |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |   | <input type="checkbox"/> |

| RATE             | ADDI-<br>TIONAL<br>FEE | RATE                | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 25=          |                        | OR X\$50=           |                        |
| X100=            |                        | OR X200=            |                        |
| +180=            |                        | OR +360=            |                        |
| TOTAL ADDIT. FEE |                        | OR TOTAL ADDIT. FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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